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N-28-03

THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: A. Maxwell Eliscu

Title: SYSTEM FOR AND METHOD OF  
PROVIDING FINANCIAL AND  
TRANSACTION MANAGEMENT  
SERVICES OVER A NETWORK

Appl. No.: 09/666,978

Filing Date: 09/20/2000

Examiner: James A. Kramer

Art Unit: 3627

<b>CERTIFICATE OF MAILING</b> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450, on the date below.  <i>Paul S. Hunter</i> (Printed Name) <i>[Signature]</i> (Signature)  October 17, 2003 (Date of Deposit)
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REPLY UNDER 37 CFR 1.111

Mail Stop NON-FEE AMENDMENT  
Commissioner for Patents  
PO Box 1450

Alexandria, Virginia 22313-1450

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OCT 24 2003  
GROUP 3600

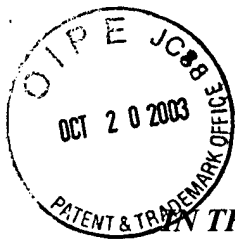
Sir:

In response to the restriction requirement dated September 18, 2003, concerning the above-referenced patent application, Applicant hereby elects Group I, Species C, for examination without traverse.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this document.

**Remarks/Arguments** begin on page 16 of this document.

Please amend the application as follows:



2161 3621

Atty. Dkt. No. 046983-0101

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: A. Maxwell Eliscu

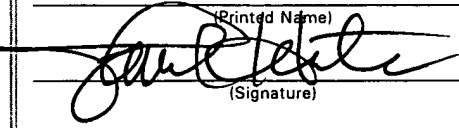
Title: SYSTEM FOR AND METHOD  
OF PROVIDING FINANCIAL  
AND TRANSACTION  
MANAGEMENT SERVICES  
OVER A NETWORK

Appl. No.: 09/666,978

Filing Date: 09/20/2000

Examiner: Unknown

Art Unit: 2161

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AMENDMENT TRANSMITTAL

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PO Box 1450  
Alexandria, Virginia 22313-1450

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Sir:

Transmitted herewith is an amendment in the above-identified application.

[ X ] The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	35	<input type="checkbox"/>	71	=	0	x	\$18.00	=	\$0.00
Independents:	2	<input type="checkbox"/>	11	=	0	x	\$86.00	=	\$0.00
First presentation of any Multiple Dependent Claims:						+	\$290.00	=	\$0.00
CLAIMS FEE TOTAL:									\$0.00

EXTENSION FEE TOTAL:		<u>\$0.00</u>
Statutory Disclaimer Fee under 37 C.F.R.		
<input type="checkbox"/> 1.20(d):	\$55.00	\$0.00
CLAIMS, EXTENSION AND DISCLAIMER FEE		
TOTAL:		<u>\$0.00</u>
<input checked="" type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):		<u>\$0.00</u>
TOTAL FEE:		<u>\$0.00</u>

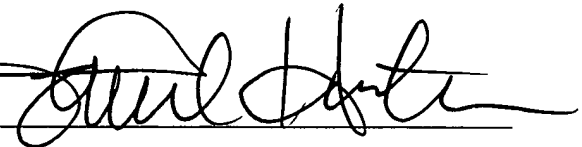
☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-2350. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-2350. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 50-2350.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date October 17, 2003

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By 

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